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Maryland Department of Health  
Vital Statistics Administration

# Maryland Electronic Death Registration

## Medical Certifier Training Guide

Version 6.0

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## Getting Started with MD-EDRS

MD-EDRS functions similarly to typical online web applications. To use MD-EDRS, you will need:

- Internet connectivity
- A web browser (Mozilla Firefox is the recommended web browser)
- Adobe reader (which may be downloaded at no charge from <http://www.adobe.com>)
- A laser printer
- A scanner (certain users only).

You will also need to configure your web browser to enable:

- Pop-ups; and
- JavaScript©

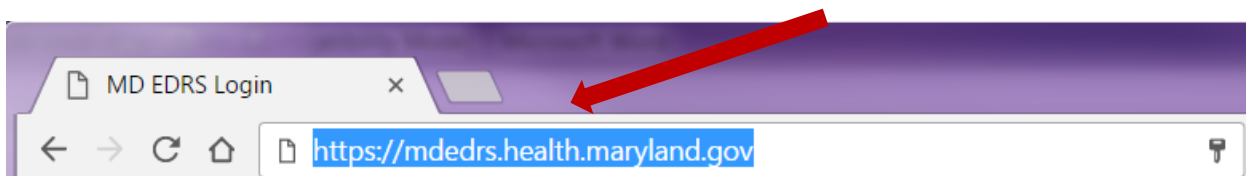
Configuring your website to allow for pop-ups will depend on which web browser you are using. If you are not able to see or print certificates after following the instructions, you should check whether your web browser is allowing pop-ups.



For information on enabling JavaScript© please go to <http://www.activatejavascript.org> for step-by-step instructions.

## Logging onto MD-EDRS

1. To get started with the EDRS system, you will need to open your web browser and key in the following URL address: <https://mdedrs.health.maryland.gov>



2. Enter the username and password which has been assigned to you by the MD-EDRS Medical Facility Administrator. Then click “Login.”

Maryland Department of Health and Mental Hygiene  
Vital Statistics Administration

**MARYLAND**

**Electronic Death Registration System**

Welcome to MD-EDRS

Username:

Password:

Login

**\*\*NOTE:** First time users will be prompted to change the password that was assigned. If prompted by your browser to save your password, please click “NO”.

Please make a note of your username and password and store the information in a secure location. **After 3 unsuccessful login attempts, click on “Forgot password” and a link to reset your password will be sent to your email address of record.** If you have more than 3 unsuccessful login attempts you will be locked out of the system and will need to contact your EDRS Medical Facility Administrator or the Help Desk to have your password reset.

Once you are logged in, the screen below will appear:

Maryland Electronic Death Registration System

Welcome, PHYSICIAN CERTIFIER |

Certificates Reporting Help References

No default search filter found

Search Filter

Search Reset Saved Filters: Filter Name: Load Save

Last Name: First Name: Pending SR Review Only

AKA Last Name: AKA First Name: Amended Last Name: Amended First Name:

DTN: Certificate Number: SFN: Hospital Facility: Select Hospital Facility

DOD From: DOD To: Dod Range: Select Range ME Ref #: ME Ref #

Creation From: Creation To: Creation Range: Select Range MI Review: Select Status ME Unreg Amend Only

SR Date From: SR Date To: SR Date Range: Select Range ME: Select Status Amend Status: Select Status

Record Status: Select Status DC Workflow: Select Status Certifier Sign Status: Select Status ME Counter Sign Status: Select Status Amend Workflow: Select Status

Search Results

## Editing Your User Profile

1. Users may edit their personal contact information at any time by selecting 'Profile' at the top of the menu bar.



1. At the 'Update Personal Profile' window, users may update their password, contact information, or primary medical facility, if applicable. Users working at multiple facilities can change their primary organization by clicking on the down arrow at the right of the organization field and selecting the appropriate facility:

\*Information that appears in the Personal Details section can only be changed by a Medical Facility Administrator. If any information is updated, users **must** change their password.

3. Next, click on 'Save' and then on 'Return to Certificate Browser' to go back to the search screen.

## Creating a New Record - Users Working at Multiple Medical Facilities

1. Once logged in, click on the Select Facility tab and then select the appropriate facility

The screenshot shows the 'Maryland Electronic Death Registration System' interface. The 'Select Facility' tab is active, and a dropdown menu is open, listing four facilities: LEMON HOSPITAL, BANANA HOSPITAL, GRAPE MEMORIAL HOSPITAL, and MANGO MEDICAL CENTER. Red arrows point to the 'Select Facility' tab and the 'GRAPE MEMORIAL HOSPITAL' option in the dropdown menu.

2. Click on the Certificates tab and then "Create Certificate":

The screenshot shows the 'Maryland Electronic Death Registration System' interface. The 'Certificates' tab is active, and a dropdown menu is open, listing two options: 'Create Certificate' and 'Find Certificate'. Red arrows point to the 'Certificates' tab and the 'Create Certificate' option in the dropdown menu.

3. Confirm that the death is not a Medical Examiner case or that you have contacted the Office of the Chief Medical Examiner and have been instructed to create the certificate in MD-EDRS. Enter the decedent's information and click "Continue."

The screenshot shows the 'Create New Certificate' form. It includes a list of case types that must be reported to the Office of the Chief Medical Examiner (OCME) before beginning an electronic death record. The user has checked the box 'I confirm that: This is not a medical examiner case, as described above, OR I have contacted the Office of the Chief Medical Examiner and they have instructed me to create this certificate in MD-EDRS.' The form also includes fields for Decedent's Legal First Name (captain), Legal Middle Name (-), Legal Last Name (crunch), Date of Death (MM/DD/YYYY) (04/17/2018), Time of Death (H:MM 24 hour) (1515), Sex (MALE), and County of Death (BALTIMORE CITY). A red arrow points to the 'I confirm that' checkbox. A red box highlights the text 'Please note which medical facility the certificate is assigned to. If assigned to the wrong facility, please click on "Certificate Options" and then "Grant Access"'. A red arrow points from this box to the text 'The record is assigned to the following Medical Facility: GRAPE MEMORIAL HOSPITAL'.

Please note which medical facility the certificate is assigned to. If assigned to the wrong facility, please click on "Certificate Options" and then "Grant Access"

4. To grant access to another medical facility, click on “Certificate Options” and then “Grant Access”.

The screenshot shows the 'Maryland Electronic Death Registration System' interface. A dropdown menu for 'Certificate Options' is open, with 'Grant Access' highlighted. The background shows a form with fields for 'First Name', 'Middle Name', 'Last Name', and 'Date of Death'.

Under the Medical Facility drop down list, select the correct medical facility and click on “Continue”.

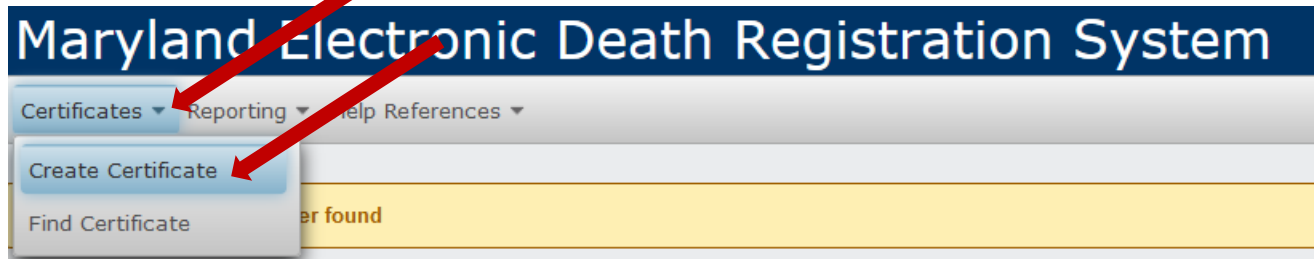
The screenshot shows the 'Grant Access' page. A dropdown menu for 'Select the Medical Facility' is open, showing a list of medical facilities. 'LEMON HOSPITAL' is selected and highlighted. The background shows a form with fields for 'First Name', 'Middle Name', 'Last Name', and 'Date of Death'.

**\*\*NOTE:** If there are any records that have been started by other users for the same decedent in the system, they will show up in the “Potential Duplicate Record Browser”. If you find a match, click on the decedent’s last name and complete the Medical Information section of the record.

The screenshot shows the 'Potential Duplicate Record Browser' page. It displays a table of potential duplicates with columns for 'Last Name', 'First Name', 'Date of Death', 'Attest Status', 'MI Review Status', 'ME Status', 'Certificate Number', and 'Record Status'. The table shows one record: 'DOE, JANE' with a date of death of '2015-02-25 00:00:00.0' and a creating organization of 'FRAMPTON FUNERAL HOME BY THE COALE'S, P.A.'.

## Creating a New Record - Users Working at a Single Medical Facility

1. Once logged in, click on the Certificate tab and then “Create Certificate”:



2. Confirm that the death is not a Medical Examiner case or that you have contacted the Office of the Chief Medical Examiner and have been instructed to create the certificate in MD-EDRS. Enter the decedent's information and click “Continue.”

The following types of cases must be reported to the Office of the Chief Medical Examiner at (410) 333-3271 BEFORE beginning an electronic death record:

1. Non-natural deaths (accidents, suicides, homicides);
2. Deaths involving an injury (including internal hematoma);
3. Deaths involving a fracture;
4. Deaths involving use of drugs and/or alcohol; and
5. Deaths involving environmental hypothermia or hyperthermia.

☒ I confirm that:

This is not a medical examiner case, as described above; OR

I have contacted the Office of the Chief Medical Examiner and they have instructed me to create this certificate in MD-EDRS.

Decedent's Legal First Name:  Legal Middle Name:  Legal Last Name:  Suffix:

Date of Death (MM/DD/YYYY):  Time of Death (HHMM 24 hour):

Sex:  County of Death:

**\*\*NOTE:** Any records that have been started by other users for the same decedent in the system will show up in the “Potential Duplicate Record Browser”. If you find a match, click on the decedent's last name and complete the Medical Information section of the record

Potential Duplicate Records were found. The record you started may already exist. Browse potential duplicates below, select an existing record, or continue the new record using this information:

Displaying rows 0 to 0 of 0

Last Name	First Name	Date of Death	Attest Status	MI Review Status	ME Status	Certificate Number	Record Status
No records found.							

Displaying rows 0 to 0 of 0

Other Potential Duplicates in Jurisdiction

Last Name	First Name	Date of Death	Creating Org
DOE	JANE	2015-02-25 00:00:00.0	FRAMPTON FUNERAL HOME BY THE COALE'S, P.A.



## Entering the Medical Information

1. Once the following screen appears, Click on the Medical Information tab on the bottom of the page.

**Maryland Electronic Death Registration System**

Certificates Reporting Help References

Certificate Options Permit Options Validation Save [F8]

1. First Name: **JANE** Middle Name: **M** Last Name: **DOE** 2. Date of Death: **01/05/2015**

The decedent's legal name is noted above. If applicable, enter an "also known as" (AKA) name.

1. Decedents AKA if applicable First Name: Middle Name: Last Name: Suffix: If applicable, prior to first marriage First Name: Middle Name: Last (Birth) Name: Suffix:

5. Social Security Number 6. Sex: **FEMALE** 8. Date of Birth: 7. Age Type: 9. Place of Birth, Address Type: **US STATE** State: 10a. Usual Residence of Decedent: Address Type: **US STATE** State: 10b. County: 10c. City, Town, or Location 10d. Inside City Limits: 10e. Street Number: Street Name: Apt/Suite/Unit: 10f. Zip Code: 11. Marital Status: 12. Was Decedent Ever in U.S. Armed Forces: 13. Was Decedent of Hispanic Origin: 14. Race: White Black or African American American Indian / Alaska Native Native Hawaiian Guamanian or Chamorro Filipino Japanese Korean Samoan Vietnamese Other Pacific Islander Other Asian Other Specify: 15. Decedent's Education: 16a. Decedent's Usual Occupation (Give kind of work done during most of working life. DO NOT use retired):

Personal Information Medical Information Funeral Director Certificate View

2. The following screen will appear. You should complete the items on this page as you currently do on the triplicate paper copy of the Death Certificate.

**Maryland Electronic Death Registration System** Welcome, PHYSICIAN CERTIFIER | Profile | Logout

Certificates Reporting Help References

Certificate Options Permit Options Validation Save [F8]

1. First Name: **JANE** Middle Name: **M** Last Name: **DOE** 2. Date of Death: **01/05/2015** 6. Sex: **FEMALE** Certificate: **447** Status: **INC**

1. Decedent's Legal First Name: **JANE** Middle Name: **M** Last Name: **DOE** Suffix: --

2. Date of Death (MM/DD/YYYY): **01/05/2015**

3. Time of Death: **0105**

4c. County of Death: **FREDERICK**

26. Place of Death: Medical Facility: 4a. Facility Name (if not an institution, enter the street number and name below): Street Number: Street Name: Apt/Suite/Unit: 4b. City or Town: Zip Code:


23a. Part I Enter the chain of events - disease, injuries, or complications - that directly caused the death, DO NOT enter terminal events (mode of dying), such as cardiac arrest, respiratory arrest, or ventricular fibrillation, without showing the etiology. DO NOT ABBREVIATE. Enter only one cause on a line. Add additional lines if necessary.

Immediate Cause (Final disease Or condition resulting in death) a. Due to (or as a consequence of): b. Due to (or as a consequence of): c. Due to (or as a consequence of):

Sequentially list conditions, if any, leading to the cause listed on line a. Enter the UNDERLYING CAUSE (disease or injury that initiated the events resulting in the death) LAST.

Personal Information Medical Information Funeral Director Certificate View

**\*\*PLEASE NOTE\*\***

- A number of fields on the page will auto-populate.
- If Place of Death is inpatient, ER/Outpatient, DOA, Hospice, or Nursing home/long term care facility, items 4a and 4b will be automatically populated. Items 4a and 4b are only completed if place of death is “Decedent’s Home” or “Other.”
- If the Manner of Death is “Natural,” items 28a-28g should be skipped.
- Clicking on the  next to each item will provide explanatory information on completing the item.
- “Approximate interval between onset and death” and “Contributing Causes” are both required fields. If you have no information to report, or the information is unknown, enter a hyphen (-) or UNK.

## Validating the Medical Information

1. After the information on the Medical Information tab has been entered, click on the Validation tab near the top of the screen and then on “Validate MI” to check for any errors. It may take a moment for the information to be validated.

The screenshot shows the Maryland Electronic Death Registration System interface. The top navigation bar includes 'Certificates', 'Reporting', and 'Help References'. Below this, there are tabs for 'Certificate Options', 'Permit Options', and 'Validation'. The 'Validation' tab is currently selected, and a dropdown menu is open showing options: 'Validate PI', 'Validate MI', 'Validate FD', 'Validate All', and 'Medical Spell Check'. A red arrow points to the 'Validate MI' option. The form fields show: 1. First Name: JANE, Middle Name: M, Last Name: DOE; 2. Date of Death: 01/05/2015; 6. Sex: FEMALE; Certificate: 447; Status: INC.

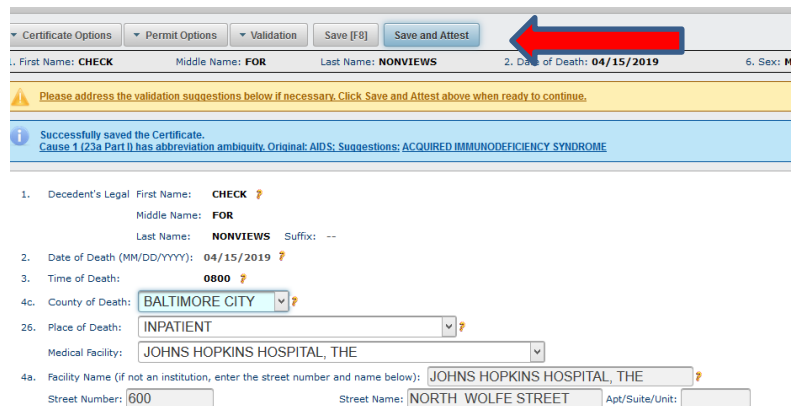
2. If any errors are identified, they will be listed on the screen and should be corrected in order to proceed.

The screenshot shows the same interface as before, but with a red error message box at the top. The message states: 'Street Name of the person who completed the COD is required, Last Name of the person who completed the COD is required, First Name of the person who completed the COD is required, Zip 5 of the person who completed the COD is required if U.S. States is selected, State or Territory of the person who completed the COD is required if U.S. States is selected.' A red arrow points to this message box. The form fields below show: 1. Decedent's Legal: First Name: JANE, Middle Name: M, Last Name: DOE, Suffix: --.

3. The VIEWS II functionality: enables improved cause of death data validations during data entry. If there are any VIEWS II suggestions for corrections, they will appear in the blue bar. If applicable, click on the suggested correction and the system will automatically update the information.

The screenshot shows the system after a successful validation. A blue message bar at the top states: 'Successfully validated Medical Information. Cause 1.123a Part II might have spelling errors. Original: CHRONIC, Suggestions: CHRONIC, CLONIC, URONIC, CHRONICA'. A red arrow points to this message. Below, the form fields show: 1. Decedent's Legal: First Name: VALIDATE, Middle Name: FOR, Last Name: VIEWS, Suffix: --; 2. Date of Death: 04/08/2019; 3. Time of Death: 0406; 4c. County of Death: BALTIMORE CITY; 25. Place of Death: INPATIENT; Medical Facility: JOHNS HOPKINS HOSPITAL, THE; 4a. Facility Name: JOHNS HOPKINS HOSPITAL, THE; Street Number: 600; Street Name: NORTH WOLFE STREET; Apt/Suite/Unit: ; 4b. City or Town: BALTIMORE; Zip Code: 21287; 23a. Part I: Enter the chain of events - disease, injuries, or complications - that directly caused the death. DO NOT enter terminal events (mode of dying), such as cardiac arrest, respiratory arrest, or ventricular fibrillation, without showing the etiology. DO NOT ABBREVIATE. Enter only one cause on a line. Add additional lines if necessary. Immediate Cause (Final disease Or condition resulting in death) a. CHRONIC RENAL FAILURE; Approximate Ints and Death: 1 DAY. A red arrow points to the '1 DAY' field.

4. If the VIEWS II suggestions are not applicable and the record is ready to be attested, select 'Certificate Options' and then Attest Certifier. As a data entry verification measure, the system will automatically run the VIEWS II suggestion(s) a second time. In order to proceed with attesting the record without updating the record, select 'Save and Attest'



The screenshot shows the 'Certificate Options' tab selected. The 'Save and Attest' button is highlighted with a red arrow. Below the button, a message states: 'Please address the validation suggestions below if necessary. Click Save and Attest above when ready to continue.' A blue banner below that says: 'Successfully saved the Certificate. Cause 1 (23a Part II) has abbreviation ambiguity. Original: AIDS. Suggestions: ACQUIRED IMMUNODEFICIENCY SYNDROME'.

1. Decedent's Legal First Name: CHECK ?  
Middle Name: FOR  
Last Name: NONVIEWS Suffix: --

2. Date of Death (MM/DD/YYYY): 04/15/2019 ?

3. Time of Death: 0000 ?

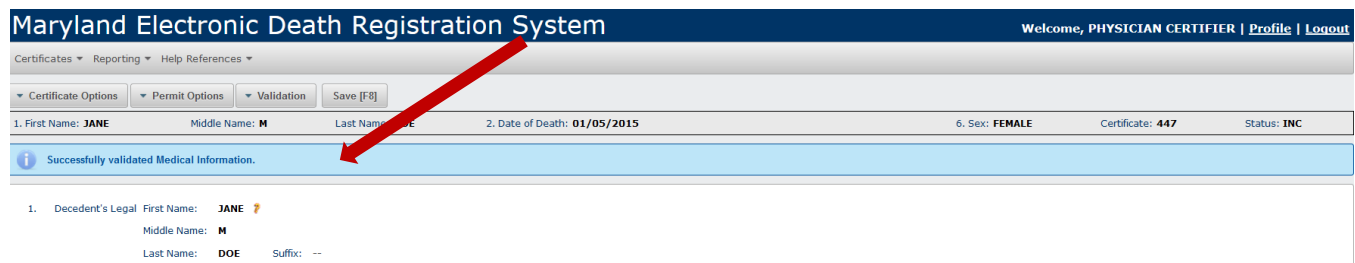
4c. County of Death: BALTIMORE CITY ?

26. Place of Death: INPATIENT ?

Medical Facility: JOHNS HOPKINS HOSPITAL, THE

4a. Facility Name (if not an institution, enter the street number and name below): JOHNS HOPKINS HOSPITAL, THE ?  
Street Number: 600 Street Name: NORTH WOLFE STREET Apt/Suite/Unit:

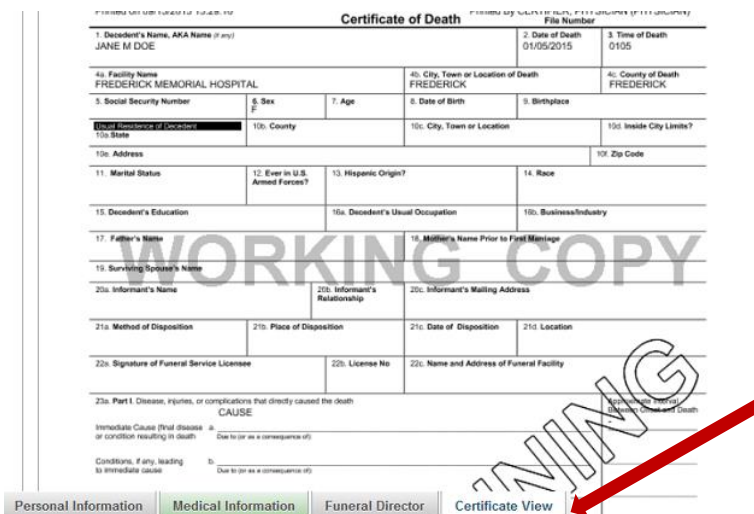
5. When the information has been validated, a message indicating "Successfully Validated Medical Information" will appear. Click the Save[F8] tab to save the record.



The screenshot shows the 'Certificate Options' tab selected. The 'Save [F8]' button is highlighted with a red arrow. Below the button, a blue banner states: 'Successfully validated Medical Information.'

1. Decedent's Legal First Name: JANE ?  
Middle Name: M  
Last Name: DOE Suffix: --

6. The certificate should be reviewed thoroughly for errors before it is attested. To review the certificate's content, click on the Certificate View tab located at the bottom of the screen. This step can be completed at any time.



The screenshot shows the 'Certificate of Death' form. A large 'WORKING COPY' watermark is overlaid on the form. At the bottom, the 'Certificate View' tab is highlighted with a red arrow.

**Certificate of Death**

1. Decedent's Name, AKA Name (if any): JANE M DOE

2. Date of Death: 01/05/2015

3. Time of Death: 0105

4a. Facility Name: FREDERICK MEMORIAL HOSPITAL

4b. City, Town or Location of Death: FREDERICK

4c. County of Death: FREDERICK

5. Social Security Number:

6. Sex: F

7. Age:

8. Date of Birth:

9. Birthplace:

10a. Usual Residence of Decedent:

10b. State:

10c. County:

10d. City, Town or Location:

10e. Inside City Limits?

10f. Zip Code:

11. Marital Status:

12. Ever in U.S. Armed Forces?

13. Hispanic Origin?

14. Race:

15. Decedent's Education:

16a. Decedent's Usual Occupation:

16b. Business/Industry:

17. Father's Name:

18. Mother's Name Prior to First Marriage:

19. Surviving Spouse's Name:

20a. Informant's Name:

20b. Informant's Relationship:

20c. Informant's Mailing Address:

21a. Method of Disposition:

21b. Place of Disposition:

21c. Date of Disposition:

21d. Location:

22a. Signature of Funeral Service Licensee:

22b. License No:

22c. Name and Address of Funeral Facility:

23a. Part I. Disease, injuries, or complications that directly caused the death

CAUSE

Immediate Cause (final disease or condition resulting in death)

Due to (or as a consequence of)

Conditions, if any, leading to immediate cause

Due to (or as a consequence of)

Personal Information Medical Information Funeral Director Certificate View

## Attesting of the Certificate

1. If the Medical Certifier (physician, certified nurse practitioner, physician assistant) has personally entered the Medical Information, he or she may immediately certify the information by clicking on the Certificate Options tab and then on “Attest Certifier.”

The screenshot shows the 'Maryland Electronic Death Registration System' interface. At the top, it says 'Welcome, PHYSICIAN CERTIFIER | Profile | Logout'. Below the header, there are tabs: 'Certificates', 'Reporting', and 'Help References'. The 'Certificates' tab is active, and a dropdown menu is open showing 'Certificate Options'. In this menu, 'Attest Certifier' is highlighted with a red arrow. Another red arrow points to the 'Attest Certifier' button in the main interface. The main interface displays patient information: Middle Name: M, Last Name: DOE, Date of Death: 01/05/2015, Sex: FEMALE, Certificate: 447, Status: INC. Below this, there is a section for 'Attest Medical Information' with fields for First Name (JANE), Last Name (DOE), Date of Death (01/05/2015), and a dropdown for 'FREDERICK'.

2. When the following page appears, the Medical Certifier should check “Yes” and then “Continue.”

The screenshot shows the 'Attest Medical Information' page. It says 'To attest to the validity of the Medical Information for this record, confirm below and click the Continue button.' Below this, there is a checkbox labeled 'Yes' which is checked. A red arrow points to the 'Continue' button. The page also displays patient information: 1. First Name: JANE, Middle Name: M, Last Name: DOE, 2. Date of Death: 01/05/2015, 6. Sex: FEMALE, Certificate: 447, Status: INC.

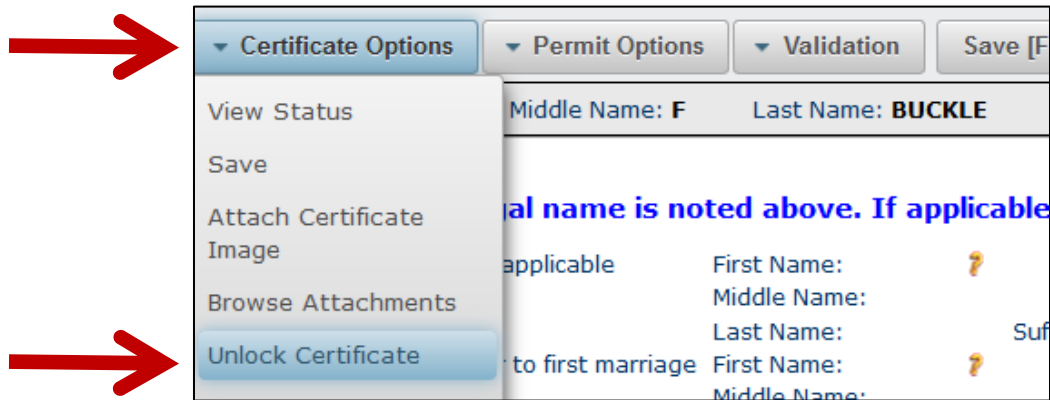
A message will appear indicating that the certificate was successfully attested. The record is **now signed and locked**.

The screenshot shows the 'Maryland Electronic Death Registration System' interface with a message bar at the top that says 'Successfully attested certificate.' A red arrow points to this message. Below the message bar, there is a list of patient information: 1. Decedent's Legal First Name: JANE.

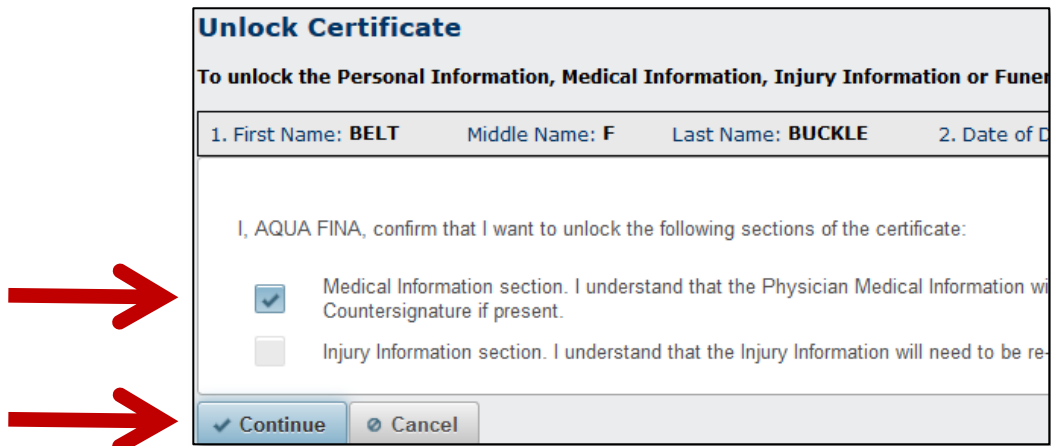
If the Medical Information was completed by a hospital/facility staff member who is NOT the Medical Certifier, the record should be saved, and the Medical Certifier must log onto the system **USING HIS OR HER OWN LOGON AND PASSWORD**, locate the record, and personally attest to the information on the certificate.

## Unlocking an Attested Certificate

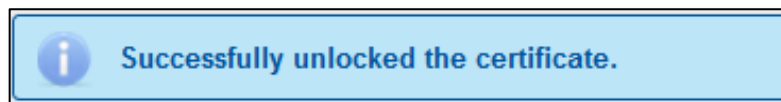
1. A medical certifier can unlock the medical section of a record that has been attested **but not yet registered** by going to Certificate Options and selecting “Unlock Certificate.”



2. At the pop-up window, check the first box to unlock the Medical Information section and then click on ‘Continue.’



3. After successfully unlocking the Medical Information Section, the following message will appear and the medical information can be edited



4. Once the information has been updated, the record **must be attested again.**

## Transferring the Certificate to the Funeral Home

Transferring an electronic record can be done at various stages:

- The Medical Certifier and/or staff may transfer a record to a funeral home any time after the record is first created.
- It is not necessary to wait until the Medical Certifier has signed the record to make the transfer.
- The Medical Certifier and the Funeral Director may work on the record concurrently.
- The Medical Certifier and/or his or her staff may also transfer the record after it is signed by the Medical Certifier.

1. To transfer a record to a funeral home, select “Grant Access” from the Certificate Options tab.

The screenshot shows the 'Maryland Electronic Death Registration System' interface. A red arrow points to the 'Certificate Options' tab, and another red arrow points to the 'Grant Access' option in the dropdown menu. The main form displays patient information: First Name: JANE, Middle Name: M, Last Name: DOE, Date of Death: 01/05/2015, Sex: FEMALE, Certificate: 447, Status: INC.

If the funeral home is registered with MD-EDRS, the name will appear on the drop-down menu. If the name of the funeral home does not appear, please contact the help desk at [EDRS.help@maryland.gov](mailto:EDRS.help@maryland.gov).

The screenshot shows the 'Grant Access' screen. A red arrow points to the dropdown menu for 'Select the Funeral Home'. The list of funeral homes includes: ADAMS FAMILY FUNERAL HOME, ADAMS FUNERAL HOME, ADVENT FUNERAL & CREMATION SERVICES, INC, ANDREW K COFFMAN FUNERAL HOME, and ANTHONY E WARD FUNERAL HOME. The 'Continue' button is highlighted.

2. Select the funeral home and then click “Continue.”

Maryland Electronic Death Registration System

Welcome, PHYSICIAN CERTIFIER | [Profile](#) | [Logout](#)

Certificates ▾ Reporting ▾ Help/References ▾

### Grant Access

To grant access to another organization, select the Funeral Home or Medical Facility from the list(s) below.

1. First Name: **JANE** Middle Name: **M** Last Name: **DOE** 2. Date of Death: **01/05/2015** 6. Sex: **FEMALE** Certificate: **447** Status: **INC**

Indicate which organization(s) should be allowed to view and update this record.

Select the Funeral Home:

Select the Medical Facility:

- ADAMS FAMILY FUNERAL HOME
- ADAMS FUNERAL HOME
- ADVENT FUNERAL & CREMATION SERVICES, INC
- ANDREW K COFFMAN FUNERAL HOME
- ANTHONY E WARD FUNERAL HOME

3. You should receive a message that the record has been successfully transferred. The funeral home will now be able to access and complete the record.

Maryland Electronic Death Registration System

Welcome, PHYSICIAN CERTIFIER | [Profile](#) | [Logout](#)

Certificates ▾ Reporting ▾ Help/References ▾

▾ Certificate Options ▾ Permit Options ▾ Validation ▾ Settings

1. First Name: **JANE** Middle Name: **M** Last Name: **DOE** 2. Date of Death: **01/05/2015** 6. Sex: **FEMALE** Certificate: **447** Status: **INC**

**Successfully transferred certificate.**

1. Decedent's Legal First Name: **JANE** ?  
Middle Name: **M**  
Last Name: **DOE** Suffix: --



## Printing a Working Copy of the Certificate

1. A printed “Working Copy” of the record should accompany the remains when transported to the funeral home. To print a Working Copy of the record, click on the Certificate Options tab and select “Print Working Copy.”

Maryland Electronic Death Registration System

Welcome, PHYSICIAN CERTIFIER | [Profile](#) | [Logout](#)

Certificates Reporting References

**Certificate Options** Permit Options Validation Save [F8]

View Status Middle Name: M Last Name: DOE 2. Date of Death: 01/05/2015 6. Sex: FEMALE Certificate: 447 Status: INC

Save

Abandon Certificate

Grant Access

Refer to ME

Request MI Review

Exit Electronic Workflow

**Print Working Copy**

Medical Facility: FREDERICK MEMORIAL HOSPITAL

4a. Facility Name (if not an institution, enter the street number and name below): FREDERICK MEMORIAL HOSPITAL

The following Working Copy of the Certificate of Death will appear. It will include all of the information that has been added to the record at the time the copy is printed, and can be printed at any time.

Page: 1 of 1 Automatic Zoom

Printed on 09/15/2015 15:29:16

**Certificate of Death** Printed By CERTIFIER, PHYSICIAN (PHYSICIAN)

File Number

1. Decedent's Name, AKA Name (if any) JANE M DOE			2. Date of Death 01/05/2015	3. Time of Death 0105
4a. Facility Name FREDERICK MEMORIAL HOSPITAL		4b. City, Town or Location of Death FREDERICK		4c. County of Death FREDERICK
5. Social Security Number	6. Sex F	7. Age	8. Date of Birth	9. Birthplace
Usual Residence of Decedent 10a. State	10b. County		10c. City, Town or Location	10d. Inside City Limits?
10e. Address				10f. Zip Code
11. Marital Status	12. Ever in U.S. Armed Forces?	13. Hispanic Origin?	14. Race	
15. Decedent's Education		16a. Decedent's Usual Occupation	16b. Business/Industry	
17. Father's Name		18. Mother's Name Prior to First Marriage		
19. Surviving Spouse's Name				
20a. Informant's Name	20b. Informant's	20c. Informant's Mailing Address		

**WORKING COPY**

**The Working Copy should accompany the remains when the deceased is transported to the funeral home.**

**\*\*NOTE:** Printing the Working Copy on legal sized paper (8 ½ x 14) will make the certificate easier to view, although letter sized paper (8 ½ x 11) may also be used. Remember to enable pop-ups on your web browser in order to view and print the Working Copy.

## Referring a Case to the Medical Examiner

The following conditions and types of deaths might seem to be specific or natural, but when the medical history is examined further it may found to be from complications of an injury or poisoning (possibly occurring long ago). Such cases should be reported to the medical examiner/coroner.

- Asphyxia
- Epidural hematoma
- Bolus
- Exsanguination
- Choking
- Fall
- Drug or alcohol overdose/drug or alcohol abuse
- Fracture
- Hip fracture
- Pulmonary emboli
- Subdural hematoma
- Hyperthermia
- Seizure disorder
- Surgery
- Hypothermia
- Sepsis
- Thermal burns/chemical burns
- Open reduction of fracture
- Subarachnoid hemorrhage

2. In order to refer the record to the ME, click on “Certificate Options”

https://mdedrs.dhmh.maryland.gov/train/spring/main?execution=e1s2

Most Visited Getting Started Imported From IE MD EVRS System Vital Statistics Admin TimeSheet POSC OCME

### Maryland Electronic Death Registration System

Welcome, LETA WATSON

Certificates Reporting Help Referrals

**Certificate Options** Permit Options Validation Save [F8]

View Status  
Save  
Attach Certificate  
Image  
Browse Attachments  
Abandon Certificate  
Grant Access  
Refer to ME  
Attest Certifier  
Request MI Review  
Edit Decedent Name  
Edit Date of Death  
Exit Electronic Workflow  
Print Working Copy

Middle Name: - Last Name: **DEER** 2. Date of Death: **09/01/2017** 6. Sex: **FEMALE** Certificate: **1320**

al name is noted above. If applicable, enter an "also known as" (AKA) name.

pplicable First Name: ? Middle Name: ? Last Name: ? Suffix: ?

to first marriage First Name: ? Middle Name: ? Last (Birth) Name: ? Suffix: ?

number ?

**FEMALE** ?

ress Type: US STATE ? State: ?

Decedent: Address Type: US STATE ? State: ?

ation ?

10e Street Number: ? Street Name: Apt/Suite/Unit:

## 2. Click on “Refer to ME”

The screenshot shows the Maryland Electronic Death Registration System interface. At the top, there's a header with the system name and a welcome message. Below the header, there are navigation tabs: Certificates, Reporting, and Help References. A sub-header contains buttons for Certificate Options, Permit Options, Validation, and Save [F8]. The main area displays a form for a death certificate. The 'Certificate Options' dropdown menu is open, and the 'Refer to ME' option is highlighted with a red arrow. The form fields show: Middle Name: -, Last Name: DEER, Date of Death: 09/01/2017, Sex: FEMALE, and Certificate: 1320. A blue instruction text reads: 'al name is noted above. If applicable, enter an "also known as" (AKA) name.'

## 3. Select the reason for referral in the drop down list

The screenshot shows the 'Refer to Medical Examiner' screen. The header and navigation tabs are the same. The sub-header says 'Refer to Medical Examiner' and 'To refer this certificate to the Medical Examiner, enter a referral reason.' The form fields show: 1. First Name: JENNIFER, Middle Name: -, Last Name: DEER, 2. Date of Death: 09/01/2017, 6. Sex: FEMALE. A dropdown menu is open for 'Referral Reason', showing a list of reasons: Acute alcoholism, Aspiration (highlighted), Communicable Disease, Reportable, Cutting, Death in whole or in part by criminal means, Deaths associated with known or alleged rape or or, Deaths caused by a criminal act of another, and Deaths due to communicable/contagious disease and Deaths due to occupational diseases or occupations. A red arrow points to the dropdown menu.

## 4. Once the referral reason has been selected from the drop down menu, the referral reason will pre-populate in the first field. Click on the “Continue” button.

The screenshot shows the 'Refer to Medical Examiner' screen. The header and navigation tabs are the same. The sub-header says 'Refer to Medical Examiner' and 'To refer this certificate to the Medical Examiner, enter a referral reason.' The form fields show: 1. First Name: JENNIFER, Middle Name: -, Last Name: DEER, 2. Date of Death: 09/01/2017, 6. Sex: FEMALE. The 'Referral Reason' field is now populated with 'Aspiration'. A red arrow points to the 'Continue' button.

You will the see “Successfully referred certificate to the Medical Examiner’s Office”

The screenshot shows the Maryland Electronic Death Registration System interface. At the top, there's a header with the system name and a welcome message. Below the header, there are navigation tabs: Certificates, Reporting, and Help References. A sub-header contains buttons for Certificate Options, Permit Options, Validation, and Save [F8]. The main area displays a form for a death certificate. The 'Certificate Options' dropdown menu is open, and the 'Refer to ME' option is highlighted with a red arrow. The form fields show: Middle Name: -, Last Name: DEER, Date of Death: 09/01/2017, Sex: FEMALE, and Certificate: 1320. A blue instruction text reads: 'al name is noted above. If applicable, enter an "also known as" (AKA) name.'

## MD-EDRS Help Desk Information

MD-EDRS technical support is available by email: Email questions to [edrs.help@maryland.gov](mailto:edrs.help@maryland.gov)

E-mails received between 8 am - 4 pm, Monday through Friday will be responded to within one hour. E-mails received between 7 am - 7 pm on weekends and holidays will be responded to within four hours. Any e-mails received after these times, will be responded to the following day.